



**SC DHEC Bureau of EMS
State CEP Re-certification Form for Advanced
Emergency Medical Technician (2012 NCCR)**

SC State Certification Number	
SC	
SC State Expiration Date	

SSN (Last 4 #s)

National Registry Certification Number
National Registry Cert. Exp. Date

Last Name

First Name

E-Mail Address

Date of Birth (mm/dd/yyyy)

Mailing Address

City, State, Zip Code

Home Phone Number (Including Area Code)

Cell Phone Number (Including Area Code)

Continuing Education Program (CEP)

Section 1A & 1B: 2012 National Continued Competency Requirement

25 hours of National Continued Competency Requirement Must Be Completed Every Two Years

Advanced Emergency Medical Technician						
(1A) First Two Year Period				(1B) Second Two Year Period		
Date	Method	Hours	Topics	Hours	Date	Method
		4	Airway, Respiration, & Ventilation	4		
		6	Cardiovascular	6		
		2	Trauma	2		
		6	Medical	6		
		2	Operations	2		
		5	Additional Advanced Life Support EMS Education	5		
		25	Total	25		

- **Section 1A & 1B: A maximum of 8 hours can be applied from Distributive Education toward the National Continued Competency Requirements and must be CECBEMS or DHEC approved.**

Section 4A & 4B: Verification of Skill Competence
Skill Competency Requirement Must Be Completed Every Two Years

AEMT Skill Competence				
(4A) First Two Year Period		Skill	(3B) Second Two Year Period	
Date	Method		Date	Method
		Patient Assessment/Management <i>Medical & Trauma</i>		
		Ventilatory Management Skills/Knowledge <i>Simple Adjuncts</i> <i>Supplemental Oxygen Delivery</i> <i>Supraglottic Airways (PTL, Combitube, King LT)</i>		
		Cardiac Arrest Management <i>Automatic External Defibrillator (AED)</i>		
		Hemorrhage Control & Splinting Procedures		
		IV Therapy & IO Therapy <i>Medication Administration</i>		
		Spinal Immobilization <i>Seated & Supine Patients</i>		
		OB/Gynecologic Skills/Knowledge		
		Other Related Skills/Knowledge <i>Radio Communications</i> <i>Report Writing & Documentation</i>		

As the Medical Control Physician for this EMT, I do hereby affix my signature attesting to continued competence in all skills out-lined above.

 Signature of Medical Control Physician (**Must be original signature**) + Date Signed

Section 5: Other Required Credentials

BLS (CPR) Credential
 Attach a copy (front and back) of a valid /
 current BLS Credential Expiration date must be
 GREATER
 than your SC state EMT expiration date
BLS card MUST be one of the following:
 AHA: BLS for the Healthcare Professional
 ARC: CPR for the Professional Rescuer
 ASHI: CPR Pro

SC State Criminal Background Check
 Attach a copy of your IBT
 fingerprint receipt
 You may call IBT at
 866-254-2366
 to make an appointment
 SC DHEC EMS ORI #: SC920111Z

I hereby affirm that all statements on the SC EMT Recertification form are true & correct, including the copies of cards, certificates, and other required verification. It is understood that false statements or documents may be sufficient cause for revocation of my EMT credential by SC DHEC – Bureau of EMS. It is also understood that SC DHEC – Bureau of EMS may conduct a full audit of all recertification activities listed on this form at any time.

 Signature of CEP Training Officer or EMS Service Director + Date Signed
 DHEC 2356(09/2011)

 Signature of EMT Recertification candidate + Date Signed